

Exhibit A

**Service of Process
Transmittal**

03/26/2019

CT Log Number 535175548

TO: Jill M Calafiore, Rm 3A119A
AT&T Corp.
One AT&T Way-
Bedminster, NJ 07921-

RE: Process Served in Virginia

FOR: AT&T Mobility LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Sandra Tuggle, Pltf. vs. AT&T Umbrella Benefit Plan No.1 and AT&T Mobility Disability Benefits Program, Dfts. // To: AT&T Mobility, LLC
Name discrepancy noted.

DOCUMENT(S) SERVED: Summons, Complaint, Attachment(s)

COURT/AGENCY: Roanoke City Circuit Court, VA
Case # 770CL1900067700

NATURE OF ACTION: Plaintiffs damages in this lawsuit will not exceed \$ 49,900 by the time of judgment nor will this litigation foreclose benefits due the plaintiff from the defendant that accrue after the date of judgment.

ON WHOM PROCESS WAS SERVED: C T Corporation System, Glen Allen, VA

DATE AND HOUR OF SERVICE: By Process Server on 03/26/2019 at 11:11

JURISDICTION SERVED : Virginia

APPEARANCE OR ANSWER DUE: Within 21 days after service

ATTORNEY(S) / SENDER(S): Michael A. Cleary
3214 Electric Road, Suite 311
P. O. Box 21805
Roanoke, VA 24018
540-345-8344

ACTION ITEMS: CT has retained the current log, Retain Date: 03/27/2019, Expected Purge Date: 04/06/2019

Image SOP

Email Notification, Jill M Calafiore jcalafiore@att.com

SIGNED: C T Corporation System
ADDRESS: 4701 Cox Road
Suite 285
Glen Allen, VA 23060
TELEPHONE: 804-217-7255

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Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

COMMONWEALTH OF VIRGINIA



ROANOKE CITY CIRCUIT COURT

Civil Division
315 CHURCH AVENUE, SW
ROANOKE VA 24016
(540) 853-6702

Summons

Proper attire required in Court Rooms

NO shorts
NO halters/tank tops
NO flip-flop shoes
NO t-shirts
NO hats
NO food, drinks or gum
NO cell phones in Courthouse

To: AT&T MOBILITY LLC
PLAN ADMINISTRATOR
C/O CT CORPORATION SYSTEM,
ITS REGISTERED AGENT
4701 COX ROAD STE 285
GLEN ALLEN VA 23060

Case No. 770CL19000677-00

The party upon whom this summons and the attached complaint are served is hereby notified that unless within 21 days after such service, response is made by filing in the clerk's office of this court a pleading in writing, in proper legal form, the allegations and charges may be taken as admitted and the court may enter an order, judgment, or decree against such party either by default or after hearing evidence.

Appearance in person is not required by this summons.

Done in the name of the Commonwealth of Virginia on, Tuesday, March 19, 2019

Clerk of Court: BRENDA S. HAMILTON

by

A handwritten signature in cursive script, likely belonging to Brenda S. Hamilton, the Clerk of Court.

(CLERK/DEPUTY CLERK)

Instructions:

SEE ATTACHED COMPLAINT

Hearing Official:

Attorney's name: CLEARY, MICHAEL A; ESQ
540-345-8344

COMMONWEALTH OF VIRGINIA



ROANOKE CITY CIRCUIT COURT

Civil Division
315 CHURCH AVENUE, SW
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To: AT&T MOBILITY LLC
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C/O CT CORPORATION SYSTEM,
ITS REGISTERED AGENT
4701 COX ROAD STE 285
GLEN ALLEN VA 23060

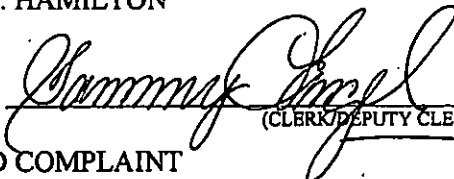
Case No. 770CL19000677-00

The party upon whom this summons and the attached complaint are served is hereby notified that unless within 21 days after such service, response is made by filing in the clerk's office of this court a pleading in writing, in proper legal form, the allegations and charges may be taken as admitted and the court may enter an order, judgment, or decree against such party either by default or after hearing evidence.

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Clerk of Court: BRENDA S. HAMILTON

by 
(CLERK/DEPUTY CLERK)

Instructions:

SEE ATTACHED COMPLAINT

Hearing Official:

Attorney's name: CLEARY, MICHAEL A; ESQ
540-345-8344

VIRGINIA:

IN THE CIRCUIT COURT FOR THE CITY OF ROANOKE

SANDRA TUGGLE,

Plaintiff

v.

Civil Action No. CL19-677-00

AT&T Umbrella Benefit Plan No. 1 –
AT&T Mobility Disability Benefits
PROGRAM,

Serve: AT&T Mobility, LLC,
Plan Administrator
c/o CT Corporation System,
Its Registered Agent
4701 Cox Road, Suite 285
Glen Allen, VA 23060

Defendant

COMPLAINT

Plaintiff, by counsel, respectfully moves this Court for the entry of an Order granting her judgment against the defendant as set forth below. In support of this Complaint, plaintiff states the following:

(1) For the purposes of this civil action plaintiff was a beneficiary under an employer sponsored welfare benefit plan that included Short term and Long-term disability benefits (the "Plan"). The Plan, defendant herein, is named the **AT&T Umbrella Benefit Plan No. 1 – AT&T MOBILITY DISABILITY BENEFITS PROGRAM.**

(2) Plaintiff was eligible for benefits under the Plan at all times referenced in this Complaint.

Michael A. Cleary
attorney at law
P.O. Box 21805
Roanoke, VA
24018

(2) Plaintiff was eligible for benefits under the Plan at all times referenced in this Complaint.

(3) This is an action to recover benefits due plaintiff under the terms of the Plan and applicable law, to enforce plaintiff's rights under the terms of the Plan and to clarify plaintiff's rights to future benefits under the terms of the Plan.

(4) Due to a total disability covered under the Plan, plaintiff became entitled to short term and long term disability income benefits from defendant.

(5) The plaintiff complied with all conditions under the Plan in presenting her claim for short term and long term disability benefits, to include, without limitation, proof that plaintiff's medical condition supported her claim based on disability. Defendant, through its representatives, breached its obligation to the plaintiff by failing to give proper consideration to plaintiff's proof of her total disability. The plaintiff appealed defendant's decision denying both short term and later long term benefits under the Plan. Defendant failed to consider properly plaintiff's proof of disability under the terms of Plan during its consideration of the plaintiff's appeal. Instead, by its letters dated March 19, 2014 for short term benefits and September 29, 2014 for long term benefits, defendant continued to deny benefits. All mandatory administrative appeals available to the plaintiff have been exhausted.

(6) The unpaid benefits in question are approximately \$1,198 per month from December 20, 2013, to the time of judgment which benefits are subject to adjustment, as set forth in Paragraph (7) of this Complaint.

(7) Plaintiff acknowledges that unpaid benefits due her under the Plan must be reduced for Social Security Disability Insurance ("SSDI") benefits received

by her in the initial amount of \$923.00 per month beginning March 2014. Further, no offset can occur until the LTD benefits accumulate to \$6,000, the amount of legal fees incurred by the plaintiff to obtain the SSDI benefits.

(8) The May 17, 2017, Notice of Award of SSDI benefits is attached as an exhibit.

(9) The denial of both short term and long term benefits under the defendant Plan was a breach of the defendant's obligations to the plaintiff under the Plan.

(10) The decision of the defendant's representatives to deny plaintiff the rights and benefits due her under the Plan was arbitrary, illegal, capricious, unreasonable, discriminatory and not made in good faith, was not supported by substantial evidence and arises from an erroneous application of law and / or interpretation of the Plan.

(11) As a direct and proximate result of the actions of the defendant's representatives the plaintiff has been caused to incur attorney's fees and expenses in an amount not presently known to her.

(12) As a direct and proximate result of the actions of the defendant's representatives, as herein alleged, plaintiff has sustained damages in an amount not now known to her but, on information of belief, such damages will approximate the amount of benefits due her in accordance with the terms of the Plan; and plaintiff will continue to sustain such damages each month until benefits are reinstated.

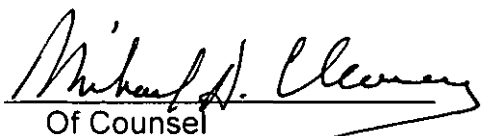
Plaintiff's damages in this lawsuit will not exceed \$ 49,900 by the time of

judgment nor will this litigation foreclose benefits due the plaintiff from the defendant that accrue after the date of judgment.

WHEREFORE, plaintiff requests judgment against defendant as follows:

- (A) Ordering defendant to pay to plaintiff all short term and long term benefits due her under the Plan retroactive to December 20, 2013;
- (B) Awarding plaintiff pre-judgment interest against the defendant from December 20, 2013, for all sums due her until the date of judgment;
- (C) Awarding plaintiff attorney's fees as required by 29 U.S.C. §1132, court costs, and all other reasonable costs incurred; and
- (D) Granting plaintiff such further relief as this Court may deem just and proper.

SANDRA TUGGLE

By: 
Of Counsel

MICHAEL A. CLEARY (VSB#19989)
3214 Electric Road, Suite 311
P. O. Box 21805
Roanoke, VA 24018
Telephone: 540 / 345-8344
Facsimile: 540 / 345-8361

Counsel for plaintiff

MISSING
P. 6

M7

Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Award

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: May 17, 2017
Claim Number: 228-06-1530 HA



0001347 00007890 3 MB 0.423 0512M0CTR7P1 T33 P7



SANDRA TUGGLE
PO BOX 341
HARLALSON, GA 30229-0341



You are entitled to monthly disability benefits beginning
March 2014.

The Date You Became Disabled

We found that you became disabled under our rules on
September 13, 2013.

To qualify for disability benefits, you must be disabled for
five full calendar months in a row. The first month you are
entitled to benefits is March 2014.

What We Will Pay And When

- You will receive \$33,747.00 around May 17, 2017.
- This is the money you are due for March 2014 through
April 2017.

Your next payment of \$923.00, which is for May 2017, will be
received on or about the second Wednesday of June 2017.

- After that you will receive \$923.00 on or about the second
Wednesday of each month.
- Later in this letter, we will show you how we figured these
amounts.
- Federal regulations require you to receive your payments
electronically, unless you get an exemption from the
U.S. Department of the Treasury. Please call Treasury at
1-855-290-1545 to see if you qualify for an exemption.
- The day of the month you receive your payments depends on
your date of birth.

SEE NEXT PAGE

14001347 00007890 3 MB 0.423 0512M0CTR7P1 T33 P7 0001347 00007890

Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive(s) may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums. We must also round down to the nearest dollar.

Beginning Date	Benefit Amount	Reason
March 2014	\$ 1,036.30	Entitlement began
December 2014	1,053.90	Cost-of-living adjustment
December 2016	1,057.00	Cost-of-living adjustment

Information About Medicare

Your Medicare Part A (hospital insurance) starts March 2016 and Part B (medical insurance) starts May 2017.

If you want your medical insurance to start earlier, you can choose to have it start in March 2016. To start your medical insurance earlier, you must do the following things within 60 days after the date of this notice:

- tell us in writing that you want medical insurance beginning March 2016;

AND

- pay us \$1,718.00 or tell us we can withhold this amount from your check. This amount covers the premiums due from March 2016 through April 2017.

If you would find it hard to pay the premium amount you would owe in a lump sum, ask us about other ways to pay the premium.

If you choose to have your medical insurance start in March 2016, your current monthly premium will be \$125.00. If you do not choose the earlier date, your monthly premium will be \$134.00.

We will send you a Medicare card. You should take this card with you when you need medical care. If you need medical care before receiving the card and your coverage has already begun, use this letter as proof that you are covered by Medicare.

IMPORTANT: A Medicare law requires some higher income persons to pay higher premiums. The law applies to premiums for Medicare Part B (medical insurance) and prescription drug coverage. The law generally affects individuals with incomes higher than \$85,000 and couples with incomes higher than \$170,000. We will contact the Internal Revenue Service to get

SEE NEXT PAGE

information about your income. If we decide that you have to pay higher premiums, we will send a letter explaining our decision. The higher amount will be effective May 2017. For more information, please visit www.socialsecurity.gov on the Internet or call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).

If you do not want medical insurance, please complete the enclosed card and return it to us in the envelope we have provided. You will need to do this by the date shown on the card. If you decide you do not want the insurance, we will return any premiums that you have paid.



Medicare Prescription Drug Plan Enrollment

Now that you are eligible for Medicare, you can enroll in a Medicare prescription drug plan (Part D).

To learn more about the Medicare prescription drug plans and when you can enroll, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare also can tell you about agencies in your area that can help you choose your prescription drug coverage.

If you have limited income and resources, we encourage you to apply for the extra help that is available to assist with Medicare prescription drug costs. The extra help can pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or apply, please visit www.socialsecurity.gov, call 1-800-772-1213 (TTY 1-800-325-0778) or visit the nearest Social Security office.

Information About Representative's Fees

We have approved the fee agreement between you and your representative.

Your past-due benefits are \$39,881.00 for March 2014 through April 2017. Under the fee agreement, the representative cannot charge you more than \$6,000.00 for his or her work. The amount of the fee does not include any out-of-pocket expenses (for example, costs to get copies of doctors' or hospitals' reports). This is a matter between you and the representative.

How To Ask Us To Review The Determination On The Fee Amount

You, the representative or the person who decided your case can ask us to review the amount of the fee we say the representative can charge.

If you think the amount of the fee is too high, write us within 15 days from the day you get this letter. Tell us that you disagree with the amount of the fee and give your reasons. Send your request to this address:

SEE NEXT PAGE

Social Security Administration
Office of Disability Adjudication and Review
Attorney Fee Branch
5107 Leesburg Pike
Falls Church, Virginia 22041-3255

The representative also has 15 days to write us if he or she thinks the amount of the fee is too low.

If we do not hear from you or the representative, we will assume you both agree with the amount of the fee shown.

Information About Past-Due Benefits Withheld To Pay A Representative

Based on the law, we must withhold part of past-due benefits to pay an appointed representative. We cannot withhold more than 25 percent of past-due benefits to pay an authorized fee. We withheld \$6,000.00 from your past-due benefits to pay the representative.

We are paying the representatives from the benefits we withheld. Therefore, we must collect a service charge from each of them. The service charge is 6.3 percent of the fee amount we pay, but not more than \$91, which is the most we can collect in each case under the law. When 6.3 percent of the combined payments exceeds \$91, we divide the \$91 service charge based on the individual fee amounts. We will subtract part of the service charge from the fee amount payable to each representative.

A representative cannot ask you to pay for the service charge. If a representative disagrees with the amount of the service charge, he or she must write to the address shown at the top of this letter. The representative must tell us why he or she disagrees within 15 days from the day he or she gets this letter.

Other Social Security Benefits

This benefit is the only benefit you can receive from us at this time. In the future, if you think you might qualify for another benefit from us, you will need to apply again.

Your Responsibilities

We based our decision on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away.

We have enclosed a pamphlet, "What You Need To Know When You Get Social Security Disability Benefits." It tells you what you must report and how to report. Please be sure to read the parts of the pamphlet that tell you what to do if you go to

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work or your health improves.

A vocational rehabilitation or employment services provider may contact you to help you in going to work. The provider may be from a State agency or work under contract with Social Security.

If you go to work, we have special rules that let us continue your cash payments and health care coverage. To learn more about how work and earnings affect disability benefits, visit our website at www.socialsecurity.gov/work/. You may also call or visit any Social Security office to ask for the following publications:

- Social Security - Working While Disabled...How We Can Help (SSA Publication No. 05-10095).
- Social Security - If You Are Blind--How We Can Help (SSA Publication No. 05-10052).

Your Benefits May Be Taxed

You may have to pay taxes on the benefits you get from us. Part of your Social Security benefits may be taxed if:

- you are single and your total income is more than \$25,000 or
- you are married and you and your spouse have total income of more than \$32,000.

You can decide if you want to have federal taxes withheld from your benefits. If you want taxes withheld, you need to complete and return a Form W-4V, Voluntary Withholding Request. You can get Form W-4V from the Internal Revenue Service by calling 1-800-829-3676. You can also get this form at www.socialsecurity.gov/planners/taxes.htm on our website. After you complete and sign the form, return it to your local Social Security office by mail or in person.

You can find more information on paying taxes in the enclosed pamphlet, "What You Need To Know When You Get Social Security Disability Benefits".

Other Information

We are sending a copy of this notice to THOMAS A KLINT.

Do You Disagree With The Decision?

We previously informed you of your appeal rights concerning the administrative law judge's (ALJ) decision. We also informed you of what you must do to have that decision reviewed.

If you believe that we decided any other part of your case incorrectly, you may request reconsideration on that part of

SEE NEXT PAGE



If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE B
246 BULLSBORO DR
NEWNAN, GA 30263

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

Enclosure(s):

Form CMS-2690
Return Envelope
SSA Pub No 05-10153

SEE NEXT PAGE



1001347 040407PUN000057 CTR7P1 170512 00001001000010

Payment Summary**Your Payment Of \$33,747.00**

Here is how we figured your first payment:

Benefits due for March 2014
through April 2017
including any cost of living increase,
less monthly rounding of benefits: \$39,872.00

Amounts we subtracted because of:

- additional premium due one month in advance: 125.00
- money to pay your representative: 6,000.00

Total subtractions: 6,125.00

This equals the amount of
your first payment: \$33,747.00

Your Regular Monthly Payment

Here is how we figured your regular monthly payment effective
May 2017:

You are entitled to a monthly benefit of: \$1,057.00

Amount we subtracted because of

- premiums for medical insurance: 134.00

This equals the amount of
your regular monthly payment: \$923.00